

## Fact Sheet

# NC Medicaid Managed Care: Provider Training

**The health plans offer education and training for the provider community. These trainings promote best practices and provide support for the transformation from Medicaid fee-for-service to NC Medicaid Managed Care.**

Health plans are required to make certain trainings available to providers on their respective provider portals within 30 days of finalizing a provider contract with their health plan. Additional trainings may be provided as determined by the health plan and as requested by NCDHHS.

### PROVIDER TRAINING REQUIREMENTS

Provider training requirements among the Standard, Tailored, and Medicaid Direct LME/MCO health plans contracts use similar language and carry the same intent. Basically, the health plan "shall provide training to network providers within 30 days of provider joining the network. Additional training will be provided as determined by the health plan and as requested by NCDHHS."

Each health plan must offer training on the following topics as indicated below:

Training	Health Plan
EPSDT, including benefits, medical necessity, periodicity schedule, immunizations, screenings, transportation, outreach and Into the Mouth of Babes program	Standard Plans, Tailored Plans, Medicaid Direct LME/MCOs
Tobacco cessation	Standard Plans, Tailored Plans, Medicaid Direct LME/MCOs
Prevention and population health programs	Standard Plans, Tailored Plans, Medicaid Direct LME/MCOs
Infection control and prevention practices	Standard Plans, Tailored Plans, Medicaid Direct LME/MCOs

Training	Health Plan
Fraud, waste and abuse*	Standard Plans, Tailored Plans, Medicaid Direct LME/MCOs
Health disparities and health equity	Tailored Plan and Medicaid Direct LME/MCOs

\*May be embedded in other trainings

Although it is essential for the appropriate office personnel to participate in training to understand the expectations under NC Medicaid Managed Care, the Department does not contractually obligate health plans to establish specific criteria for the number of staff required to complete training or the timeline for completion. In addition, all health plans have been encouraged to accept reciprocity for these specified general trainings when completed with any plan.

When a provider completes the training with any health plan, the provider should submit the certificate of completion to additional health plans as needed for documentation. Contact the [health plan](#) for additional information or assistance regarding provider training.

## ARE THERE ANY SPECIFIC PROVIDER TRAININGS THAT ARE REQUIRED FOR TAILORED CARE MANAGERS, SUPERVISOR AND CARE MANAGER EXTENDERS?

Each Tailored Plan will design and implement a training plan, using Department guidelines on the topics that must be covered:

- Tailored Plan eligibility and services
- Whole-person health and unmet resource needs
- Community integration
- Components of health home care management
- Health promotion
- Other care management skills

The AMH+ or Care Management Agencies (CMAs) must ensure that care managers, care manager extenders and supervisors complete training on all core modules identified by the Tailored Plan before being deployed to serve members. Care managers, care manager extenders and supervisors must complete the remaining training modules within 90 days. For more information, visit the [Tailored Care Management webpage](#).

Additional guidance for each required training is in the latest [Provider Manual](#).

Care managers, care manager extenders and supervisors working in multiple Tailored Plan and Medicaid Direct LME/MCO regions will be required to complete and pass the training curriculum in only the Tailored Plan region where they serve the most members and will not be required to complete additional training curriculums for each region.



## WHERE CAN I FIND MORE INFORMATION ON PROVIDER TRAININGS ?

The [Medicaid Managed Care Provider Playbook](#) includes valuable resources tailored to the provider community. This includes, but is not limited to, trending topics, fact sheets, training resources and fee schedules. For more information on training courses, please visit the [Training Courses](#) webpage. This site is updated often and will include links to the Standard Plan, Tailored Plan, and Medicaid Direct LME/MCO training courses .

NCDHHS approved Tailored Care Management (TCM) course curriculum can be found on the NC AHEC course catalogue by searching for “TCM” or “Tailored Care Management” or by visiting the [NC AHEC Tailored Care Management webpage](#).

Only agencies who have passed the desk review for TCM may have free access to the training curriculum. Please contact your agency’s administrator to see if your agency is participating in TCM to gain access codes from the TCM Web Portal.

## WHAT IF I HAVE QUESTIONS?

For questions about training, please contact the [health plan](#).

For general inquiries and complaints regarding health plans, NC Medicaid has created a **Provider Ombudsman** to represent the interests of the provider community. The Ombudsman will:

- Provide resources and assist providers with issues through resolution.
- Assist providers with Health Information Exchange (HIE) inquiries related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov), or received through the Provider Ombudsman line at 866-304-7062. The Provider Ombudsman contact information is also published in each health plan’s provider manual.

For questions related to your NCTracks provider information, please contact the General Dynamics Information Technology (GDIT) Call Center at 800-688-6696. To update your information, please log into the [NCTracks provider portal](#) to verify your information and submit a manage change request (MCR) or contact the GDIT Call Center.

For all other questions, please contact the NC Medicaid Contact Center at 888-245-0179.

